

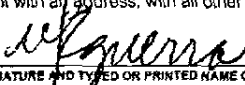


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000051307			
1. Entity Name MARIANAO CUSTOM CABINETS, INC.			
Principal Place of Business 2220 WEST 10 CT HIALEAH, FL 33010	Mailing Address 2220 WEST 10 CT HIALEAH, FL 33010		
DO NOT WRITE IN THIS SPACE			
		01172006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-1107365	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GUERRA, DOMINGO 2220 WEST 10 CT HIALEAH, FL 33010		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000444048 03/06/06-80036-010 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GUERRA, DOMINGO 2220 WEST 10 CT HIALEAH, FL 33010		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT GUERRA, MARITZA P 2220 WEST 10 CT HIALEAH, FL 33010		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered			
SIGNATURE: 		2/16/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	